

Mrs B J Dachtler

Rosamar

Inspection report

81 Locking Road
Weston Super Mare
Somerset
BS23 3DW

Tel: 01934633397

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rosamar is a residential care home providing accommodation and personal care for up to ten people with a learning disability. At the time of this inspection there were seven people in residence.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. The service was not always able to demonstrate how they were meeting some of the underpinning principles of Right support, Right care, Right culture.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The service was not always able to demonstrate how they were meeting some of the underpinning principles of Right support, Right care, Right culture.

Right Support

There was no evidence people were given choice and had an opportunity to pursue goals and aspirations. Staff training was not up to date and staff competency in administering medication had not been checked. People's needs were assessed and monitored. Staff enabled people to access health and social care support in the community although this was not based around people's individual preferences. Staff communicated with people in ways that met their needs. The provider ensured the home's environment was well equipped and well-furnished. People had a choice about their living environment and were able to personalise their rooms.

Right Care

People had not always been supported to take part in activities and pursue interests based on their individual preferences. People and relatives said they were happy with the care and support received. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs. Staff understood how to protect people from poor abuse.

Right Culture

People were not always supported in a way which ensured they had choice and control in their daily lives. There was a lack of oversight from the registered manager regarding quality assurance within the service. Risks relating to the home environment had not been mitigated to keep people safe. There was no formal process to ensure staff had supervision and appraisals. There was no evidence to demonstrate staffing levels on a day to day basis.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 26 October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the premises and equipment, staff training and supervision and a lack of robust governance and quality assurance processes.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

Rosamar

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rosamar is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rosamar is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced and took place on 7 and 15 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 04 July 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and three members of staff, including the registered manager and two care support staff. We reviewed a range of records. This included four people's care records, staff recruitment records and records relating to the maintenance of the premises and equipment. We also spoke on the telephone with five relatives of people who lived at Rosamar.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Regular service checks of the fire alarm had not been completed. The fire alarm was last serviced in 2020, posing a risk that it may not operate effectively. The manager attended to this oversight immediately after the inspection by booking service checks. Fire drills were conducted weekly and recorded.
- Internal maintenance checks were not always carried out to monitor the safety of the home. The provider had not undertaken regular maintenance service tests such as call bell system and emergency lighting.
- People's care plans had personal evacuation plans (PEEPS) in place. PEEPs contained important information such as people's mobility, their equipment needs and if they required assistance in an emergency.
- Incidents and accidents were recorded but there was no evidence that reflection and learning had been undertaken to improve the care provided.
- A range of risk assessments were in place and had been regularly reviewed. These included assessments of mobility, skin integrity and malnutrition. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm.

Staffing and recruitment

- Staff rotas were not available for inspection. This was raised at our last inspection and the registered manager had assured us it would be addressed.
- Staff did not always feel that there were enough staff in the home. One staff member told us "Sometimes I don't feel there are enough staff to support the residents." The registered manager stated that two members of staff cover each shift but there was no mechanism in place to evidence how many staff were needed to support people on each shift.
- Effective recruitment procedures were in place to ensure safe recruitment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicine competency checks were not always carried out. The registered manager did not routinely check staff competency in administering medication to people. We reviewed a recruitment record of a member of staff with responsibility for administering people's medicines. There was no evidence a competency check had been completed. Despite this shortfall, we observed the management of medicines to be safe.
- We reviewed the medicine administration records which confirmed people received their daily medicines as prescribed and medicines were stored appropriately.

- We reviewed a selection of medication administration records (MARs) and saw that information for staff members to follow was clear.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's policies around visiting ensured they supported visiting in line with the latest guidance. Relatives and people confirmed visiting was enabled and safe.

Systems and processes to safeguard people from the risk of abuse

- Staff, relatives and the people we spoke with felt the home was safe. One relative told us, "I feel my relative is safe and happy."
- Although staff had not received recent training in safeguarding, we were assured staff knew how to identify and report any concerns. One member of staff told us "The different types of abuse are, physical, sexual, emotional and financial, I would go to my line manager who would then report to the local authority safeguarding team or The Care Quality Commission."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to joining the service in line with legislation and guidance. The assessments identified people's needs in relation to issues such as personal care, eating and drinking, mobility, skincare and communication.
- Our inspection findings evidenced the service was not meeting some of the underpinning principles of Right support, Right care, Right culture. For example, people's care plans did not identify any goals or aspirations and some had not been reviewed for over a year.
- People went out each day after lunch. When asked, people told us they did not know what they would be doing and staff made the decisions about where they were going. One person told us "Staff decide where we go." The registered manager and staff told us that they knew where people liked to go such as the pier, coffee shop, to play skittles and a variety of activities took place each week.

Staff support: induction, training, skills and experience

- Although staff told us they could approach the registered manager with concerns, there was no evidence of any formal supervision to provide support and monitor staff competence. The registered manager told us informal supervisions took place when supporting people, but this was not recorded.
- Staff training had not been undertaken for two years. Mandatory training modules on safeguarding, first aid, infection prevention control, mental capacity act and medicines management had not been undertaken since 2020.
- It was not clear whether a comprehensive induction was provided to staff. Staff told us they had an induction where they shadowed a more experienced member of staff for one day and the registered manager provided online training, that they needed to complete. There was no evidence of a formal induction process and staff had not undertaken the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff's competency was not checked or recorded. Staff told us that they had not had their competencies checked by the registered manager. One staff said "No, we have not had a competency check by the manager."

Staff induction was not robust, training was not up to date and there was no system of formal supervision. This was a breach of Regulation 18 Health Social Care Act (2008) Regulated Activities Regulations 2014. Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of

people using the service.

Following our feedback, the registered manager reviewed and booked training for all staff to complete.

Supporting people to eat and drink enough to maintain a balanced diet

- People with modified diets had assessments to specify the type of diet they should consume.
- We were not assured that people were enabled to make choices regarding the meals they ate or the time they ate them. Staff told us that lunch was at 12pm and teatime at 4pm as this was the time people liked to eat. There were no menus and people did not know what they were having for lunch. One person told us "I don't know what we are having for lunch, it's a surprise." This demonstrated care was not individualised to ensure it met people's individual needs and preferences.
- Staff we spoke with knew people's food likes and dislikes and were aware of specific dietary needs and any risks associated with eating and drinking.
- We observed people had regular snacks and drinks in between meals and knew where to go to access drinks and food in the kitchen.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to other healthcare services. The registered manager contacted GP's and health professionals when people were unwell. Care records showed involvement from a range of health care professionals including GP, dentist and optician.
- Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with the management team or their relative where appropriate. Where required staff monitored people's health and worked well with external professionals to ensure people's health care needs were met.
- Relatives told us the provider had supported their family member well with ensuring specific health care needs were met.

Adapting service, design, decoration to meet people's needs

- Rosamar was in close proximity to shops and public transport links.
- People had personalised their rooms and the lounge area with photos of themselves and their families. The home had a homely feel, but the interior decoration was dated. People were happy and comfortable.
- People had access to a lounge and a small dining area. People were making use of these spaces. There was a small garden to the rear, which people were able to use.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of

Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisation were being met.
- Most staff members were able to demonstrate the principles of the MCA and how DOLS authorisations were implemented. One member of staff's knowledge and understanding was poor around MCA and DoLS. This was fed back to the manager.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service lacked consistent direction and vision which meant systems and processes were not used effectively to review and maintain oversight of the service being provided. For example, there was no system in place to ensure the safety of the premises and equipment. Staff training was not up to date and there was no record of staff supervision. There was no oversight of medicines management and some care plans had not been reviewed for over a year.
- The service was currently not meeting legislation, guidance and best practice in relation to supporting people with learning disabilities and autistic people.

We found no evidence that people had been harmed, however service oversight and governance systems were not effective. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was receptive to our feedback and advised us of their commitment to making the required improvements. Some improvements regarding external maintenance testing were completed after our inspection.
- Staff we spoke with were positive about working for the service. One staff member told us, "The manager is approachable, you can go to them at any time. The atmosphere at the home is really good and positive." How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
- The provider was aware of their legal responsibilities to inform us about significant events which could occur at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views and feedback on the service were not collated. Although people were happy with the service there was no mechanism in place to obtain feedback from people.
- Family members we spoke with told us the home did involve them and communication with them was good. One family member told us, "The Manager always calls me to let me know anything, she's very informative and I'm always updated."

Continuous learning and improving care, Working in partnership with others

- The registered manager did not always ensure they always kept up to date with changing guidance. Staff were not able to tell us about Right Support, Right Care and Right Culture and how this is applied in practice.
- Staff had no access to continued learning to ensure they had the skills to meet people's needs. One staff member told us the manager had provided them with online training, but they had not had any training since before the pandemic.
- Staff worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We found no evidence that people had been harmed, however service oversight and governance systems were not effective.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received a formal induction. Training was not up to date and there was no formal system of supervision.